

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

May 22, 1992

ALL COUNTY INFORMATION NOTICE I-26-92

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FOOD STAMP FORM REVISION

Reason for this Transmittal

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | State Law Change |
| <input type="checkbox"/> | Federal Law Change |
| <input type="checkbox"/> | Court Order or Settlement Agreement |
| <input type="checkbox"/> | Clarification Requested by One or More Counties |
| <input checked="" type="checkbox"/> | Initiated by SDSS |

The purpose of this letter is to transmit a camera-ready copy of the revised FS 3 (5/92). The revision reflects a new mail station (M.S. 12-52) for the State Department of Social Services (SDSS) Food Stamp Policy Implementation Unit (FSPIU). The FS 3 is used by counties to request a written policy interpretation from the FSPIU.

STOCK

The DSS Warehouse will no longer stock the above form. Instead, single camera-ready copies of this form will be available from which counties may produce the appropriate number of forms for their needs. Additional or replacement camera-ready copies can be obtained by contacting the SDSS Forms Management Unit at (916) 657-1907 or CALNET 437-1907.

NOTE:

- o This form is recommended.
- o Counties may continue to use the old forms until stock is depleted. However, to facilitate processing, please pencil in the new mail station, M.S. 12-52, at the top of the form.

If you have any questions regarding the FS 3, please contact Suzanne McNamee of the Food Stamp Program Bureau at (916) 657-3815 or CALNET 437-3815.

MICHAEL C. GENEST
Deputy Director
Welfare Program Division

Attachment

cc: CWDA

FOOD STAMP POLICY QUESTION

INSTRUCTIONS: Complete only items 2,3,4,6, and 9 of the form. Use a separate form for each subject. Retain a copy of the FS 3 for your records and mail the original to the Food Stamp Policy Implementation Unit, 744 P Street, M.S. 12-52, Sacramento, California 95814.

1. FSPIU LOG NUMBER

EXCLUSION CODE, IF APPLICABLE

APPROVED BY / DATE

2. MANUAL REFERENCE

3. SUBJECT

4. REQUESTED BY (NAME AND COUNTY)

5. ANSWERED BY

ADDRESS/MAIL STATION

TELEPHONE NUMBER

6. DATE REQUESTED

7. DATE ANSWERED

8. FSQUAD DATE

9. QUESTION

10. ANSWER (FSPIU USE ONLY)